

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-15248		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE							
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	1		CRASH SEVERITY (CHECK MOST SEVERE)	<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED				
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH: 8/15/16		DAY MON		TIME: MILITARY 2342					
CRASH OCCURRED ON		Columbus @ Summit		WITHIN THE INTERSECTION OF											
IF NOT IN INTERSECTION		N W E S		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE					
LOG-1		LOG-2		LOC JUR FH9 FILT											
A	UNIT NO. 1	NO OF OCCUPANTS 2	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT								
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)											
Parsons, Samantha				485 Lg Lutz #103 Lebanon OH											
PHONE NO. 513-393-1222		BIRTH DATE 10/6/95	AGE 21	SEX F	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. TX086515		OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE							
Same															
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE		VEH/PED DIR						
01	Ford	SW	Beige		OH	GWP3633									
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input checked="" type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input checked="" type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
8	UNIT NO.	NO OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT								
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)											
Utility Pole #11C425															
PHONE NO.		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE							
City of Lebanon															
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE		VEH/PED DIR						
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	POSITION		INJURIES							
		ADDRESS		m D y		A B C D E F		A B C D E F							
		PHONE		SEX											
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	POSITION		INJURIES							
		ADDRESS		m D y		A B C D E F		A B C D E F							
		PHONE		SEX											
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	POSITION		INJURIES							
		ADDRESS		m D y		A B C D E F		A B C D E F							
		PHONE		SEX											
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	POSITION		INJURIES							
		ADDRESS		m D y		A B C D E F		A B C D E F							
		PHONE		SEX											
A B C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL							
D E F		INJURED TAKEN TO		By		A B C D E F		A B C D E F							
A B C		INJURED TAKEN TO		By		A B C D E F		A B C D E F							
D E F		INJURED TAKEN TO		By		A B C D E F		A B C D E F							
A	OFFENSE CHARGED AND DESCRIPTION					EJECTION					DRUGS				
	<input type="checkbox"/> ORC CITY ORD.					A B C D E F					A B C D E F				
O	OFFENSE CHARGED AND DESCRIPTION					A B C D E F					A B C D E F				
	<input type="checkbox"/> ORC CITY ORD.					A B C D E F					A B C D E F				
RECEIVED CALL 2342		DISPATCHED 2343		ARRIVED 2347		CLEARED 0035		OTHER TIME 10		TOTAL MINUTES 00off		I NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		I NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG	
DATE REPORT FILED 8/15/16		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME Morris		BADGE NO. 131		CHECKED BY							